

## **ARTICLE 14. TRAUMA REGISTRY; TRAUMA SYSTEM QUALITY ASSURANCE**

### **R9-25-1401. Definitions**

The following definitions apply in this Article, unless otherwise specified:

1. “Aggregate trauma data” means a collection of data from the trauma registry that is compiled so that it is not possible to identify a particular trauma patient, trauma patient’s family, health care provider, or health care institution.
2. “AIS” means abbreviated injury scale, an anatomic severity scoring system established in Association for the Advancement of Automotive Medicine Committee on Injury Scaling, *Abbreviated Injury Scale (AIS) 1990: Update 98* (1998), incorporated by reference, including no future editions or amendments, and available from Association for the Advancement of Automotive Medicine, P.O. Box 4176, Barrington, IL 60011-4176, and [www.carcrash.org](http://www.carcrash.org).
3. “ALS base hospital” has the same meaning as in R9-25-101.
4. “Case” means a patient who meets R9-25-1402(A)(1), (2), or (3).
5. “Data element” means a categorized piece of information.
6. “Data set” means a collection of data elements that includes, for each case, data that complies with the field names, field types, and field widths prescribed in Table 1.
7. “Department” means the Arizona Department of Health Services.
8. “Emergency department” means an organized area of a health care institution dedicated for use in providing emergency services, as defined in A.A.C. R9-10-201.
9. “EMS provider” has the same meaning as “emergency medical services provider” in A.R.S. § 36-2201.
10. “Field name” means a descriptor for the data elements to be located in a specific data field.
11. “Field type” means the kind of input that may be entered into a data field, including character (may be letters or numbers or both), numeric, date, and time.
12. “Field width” means the maximum number of spaces available for input in a data field.
13. “Health care institution” has the same meaning as in A.R.S. § 36-401.
14. “Health care provider” means a caregiver involved in the delivery of trauma services to a patient, whether in the prehospital, hospital, or rehabilitation phase of care.

15. “Hospital” has the same meaning as in A.A.C. R9-10-201.
16. “ICD-9-CM” has the same meaning as in A.A.C. R9-4-101.
17. “ICD-9-CM E-code” means a numeral assigned to identify the possible external cause of an injury.
18. “ICD-9-CM N-code” means a numeral assigned to identify the nature of an injury.
19. “Injury” means physical damage to a part of the human body.
20. “Inpatient” has the same meaning as in A.A.C. R9-10-201.
21. “ISS” has the same meaning as in R9-25-1301.
22. “Organized service unit” means an area of a health care institution dedicated for use in providing an organized service, as defined in A.A.C. R9-10-201.
23. “Owner” has the same meaning as in R9-25-1301.
24. “Patient” means an individual who is sick, injured, wounded, or dead and who requires medical monitoring, medical treatment, or transport.
25. “Scene” means a location, other than a health care institution, from which a patient is transported.
26. “Submitting health care institution” means a health care institution that submits data to the trauma registry as provided in R9-25-1402.
27. “Trauma center” means a health care institution that meets the definition of “trauma center” in A.R.S. § 36-2201 or the definition of “trauma center” in A.R.S. § 36-2225.
28. “Trauma registry” has the same meaning as in A.R.S. § 36-2201.
29. “Trauma service unit” means an area of a health care institution dedicated for use in providing trauma services.
30. “Trauma team” means a group of health care providers organized to provide care to trauma patients.
31. “Trauma team activation” means notification of trauma team members in response to triage information received concerning a patient with injury or suspected injury.
32. “Trauma triage protocol” means a “triage protocol,” as defined in R9-25-101, specifically designed for use with patients with injury.

**R9-25-1402. Data Submission Requirements**

**A.** An owner of a trauma center shall ensure that the data set identified in Table 1 is submitted to the Department, as prescribed in subsection (B), for each patient meeting one or more of the following criteria:

1. A patient with injury or suspected injury who is triaged from a scene to a trauma center or emergency department based upon the responding EMS provider's trauma triage protocol;
2. A patient with injury or suspected injury for whom a trauma team activation occurs;
3. A patient with injury who has an ICD-9-CM N code between 800.00 and 959.9 and who does not:
  - a. Have any of the following ICD-9-CM N codes:
    - i. ICD-9-CM N code 905 through 909.9,
    - ii. ICD-9-CM N code 910 through 924.9, or
    - iii. ICD-9-CM N code 930-939.9;
  - b. Have an isolated hip fracture from a same-level fall; or
  - c. Have an isolated distal extremity fracture from a same-level fall.

**B.** An owner of a trauma center shall submit the data required under subsection (A) to the Department:

1. On a quarterly basis according to the following schedule:
  - a. For cases identified between January 1 and March 31, so that it is received by the Department by July 1 of the same calendar year;
  - b. For cases identified between April 1 and June 30, so that it is received by the Department by October 1 of the same calendar year;
  - c. For cases identified between July 1 and September 30, so that it is received by the Department by January 2 of the following calendar year; and
  - d. For cases identified between October 1 and December 31, so that it is received by the Department by April 1 of the following calendar year; and
2. Through an electronic reporting system authorized by the Department or on a compact disc that:

- a. Contains all of the data required under subsection (A), downloaded from the trauma center's trauma registry, in a format that allows the Department to upload the data to the Arizona State Trauma Registry and view the data;
- b. Is labeled with the name of the trauma center, the quarter for which data is being submitted, the case date range, and the total number of cases for which data is included;
- c. Is accompanied by a completed Trauma Data Quarterly Submission Form that includes:
  - i. The name and physical address of the trauma center;
  - ii. The date the trauma data is being submitted to the Department;
  - iii. The number of compact discs being submitted;
  - iv. The total number of cases for whom trauma data is included;
  - v. The quarter for which trauma data is being reported, including identification of the months and calendar year;
  - vi. The name, title, phone number, and fax number of the trauma center's point of contact for the trauma data;
  - vii. The signature of the trauma center's point of contact for the trauma data; and
  - viii. Any special instructions or comments from the trauma center's point of contact to the Department; and
- d. Is sent to the attention of or hand-delivered to the Trauma Registry Manager at the Department.

**C.** An ALS base hospital certificate holder that chooses to submit trauma data to the Department, as provided in A.R.S. § 36-2221, shall comply with the data submission requirements in this Section for an owner of a trauma center.

**Table 1.** **Trauma Registry Data Set**

**KEY:**

Required for TC Levels I, II, and III = An owner of a hospital designated as a Level I, Level II, or Level III trauma center shall include these data elements in the data submission required under R9-25-1402.

Required for TC Level IV, Non-Designated TC, and ALS Base Hospital = An owner of a health care institution designated as a Level IV trauma center; an owner of a trauma center, as defined in A.R.S. § 36-2201, that is not a designated trauma center; or an ALS base hospital certificate holder that submits trauma data as provided under A.R.S. § 36-2221 shall include these data elements in the data submission required under R9-25-1402.

<u>Field Name</u>	<u>Field Name/Data Element Description</u>	<u>Field Type</u>	<u>Field Width</u>	<u>Required for TC Levels I, II, and III</u>	<u>Required for TC Level IV, Non- Designated TC, and ALS Base Hospital</u>
<b>DEMOGRAPHIC DATA ELEMENTS</b>					
<u>EMRNUM</u>	<u>Registration Number</u>	<u>Character</u>	<u>15</u>	<u>X</u>	<u>X</u>
<u>MEDRECNUM</u>	<u>Medical Record Number</u>	<u>Character</u>	<u>15</u>	<u>X</u>	<u>X</u>
<u>ADMDATE</u>	<u>Admission Date</u>	<u>Date</u>	<u>8</u>	<u>X</u>	<u>X</u>
<u>ENTRYMODE</u>	<u>Site ID</u>	<u>Character</u>	<u>8</u>	<u>X</u>	<u>X</u>
<u>LASTNAME</u>	<u>Patient Last Name</u>	<u>Character</u>	<u>25</u>	<u>X</u>	<u>X</u>
<u>FIRSTNAME</u>	<u>Patient First Name</u>	<u>Character</u>	<u>12</u>	<u>X</u>	<u>X</u>
<u>MIDINIT</u>	<u>Patient Middle Initial</u>	<u>Character</u>	<u>1</u>	<u>X</u>	<u>X</u>
<u>PT_SSN</u>	<u>Social Security Number</u>	<u>Character</u>	<u>11</u>	<u>X</u>	<u>X</u>
<u>BIRTHDAY</u>	<u>Patient Date of Birth</u>	<u>Date</u>	<u>8</u>	<u>X</u>	<u>X</u>
<u>AGE</u>	<u>Patient Age</u>	<u>Numeric</u>	<u>3</u>	<u>X</u>	<u>X</u>
<u>AGE_UNIT</u>	<u>Units of Age</u>	<u>Character</u>	<u>2</u>	<u>X</u>	
<u>SEX</u>	<u>Gender</u>	<u>Character</u>	<u>1</u>	<u>X</u>	<u>X</u>
<u>RACE</u>	<u>Race</u>	<u>Character</u>	<u>16</u>	<u>X</u>	
<u>ETHNICITY</u>	<u>Ethnicity</u>	<u>Character</u>	<u>1</u>	<u>X</u>	
<u>PT_ZIP</u>	<u>Zip of Residence</u>	<u>Character</u>	<u>6</u>	<u>X</u>	
<u>PT_CITY</u>	<u>City of Residence</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>PT_CNTY</u>	<u>County of Residence</u>	<u>Character</u>	<u>9</u>	<u>X</u>	
<u>PT_STATE</u>	<u>State of Residence</u>	<u>Character</u>	<u>3</u>	<u>X</u>	
<u>PT_CNTRY</u>	<u>Country of Residence</u>	<u>Character</u>	<u>3</u>	<u>X</u>	
<u>PRE-HIST</u>	<u>Pre-existing Conditions</u>	<u>Character</u>	<u>22</u>	<u>X</u>	
<b>INJURY DATA ELEMENTS</b>					
<u>FL_ENT_DT</u>	<u>Date of Injury</u>	<u>Date</u>	<u>8</u>	<u>X</u>	<u>X</u>
<u>FL_ENT_TM</u>	<u>Time of Injury</u>	<u>Time</u>	<u>6</u>	<u>X</u>	<u>X</u>
<u>INJ_ST_TYP</u>	<u>Actual versus Estimated Time of Injury</u>	<u>Character</u>	<u>2</u>	<u>X</u>	
<u>SITE_CLASS</u>	<u>E 849. Place of Occurrence</u>	<u>Character</u>	<u>2</u>	<u>X</u>	<u>X</u>
<u>INJ_STR1</u>	<u>Primary Street Location of Injury</u>	<u>Character</u>	<u>40</u>	<u>X</u>	
<u>INJ_ZIP</u>	<u>Zip of Injury</u>	<u>Character</u>	<u>6</u>	<u>X</u>	
<u>INJ_CITY</u>	<u>City of Injury</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>INJ_CNTY</u>	<u>County of Injury</u>	<u>Character</u>	<u>9</u>	<u>X</u>	
<u>INJ_STATE</u>	<u>State of Injury</u>	<u>Character</u>	<u>3</u>	<u>X</u>	
<u>ECODE_ICD9</u>	<u>ICD-9-CM E-code Injury Descriptor</u>	<u>Character</u>	<u>6</u>	<u>X</u>	<u>X</u>

<u>Field Name</u>	<u>Field Name/Data Element Description</u>	<u>Field Type</u>	<u>Field Width</u>	<u>Required for TC Levels I, II, and III</u>	<u>Required for TC Level IV, Non- Designated TC, and ALS Base Hospital</u>
<u>INJ_CLASS</u>	<u>Injury Classification</u>	<u>Character</u>	<u>1</u>	<u>X</u>	
<u>JOB_RELTD</u>	<u>Work-relatedness of Injury</u>	<u>Character</u>	<u>1</u>	<u>X</u>	
<u>PAT_POS</u>	<u>Patient Position in Vehicle</u>	<u>Character</u>	<u>30</u>	<u>X</u>	
<u>PROTECTIVE</u>	<u>Protective Devices Used</u>	<u>Character</u>	<u>15</u>	<u>X</u>	<u>X</u>
<u>DESCRIPTIO</u>	<u>Safety Equipment Issues</u>	<u>Character</u>	<u>40</u>	<u>X</u>	
<b><u>PREHOSPITAL DATA ELEMENTS</u></b>					
<u>TRANS_AGNT</u>	<u>Transport Agency</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>RUN_SHEET</u>	<u>Run Sheet Available?</u>	<u>Character</u>	<u>1</u>	<u>X</u>	
<u>RS_DATE</u>	<u>Run Sheet Date</u>	<u>Date</u>	<u>8</u>	<u>X</u>	
<u>BYP_HOSP</u>	<u>Transported From</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>CALL_DATE</u>	<u>Date EMS Provider Called</u>	<u>Date</u>	<u>8</u>	<u>X</u>	
<u>CALL_TIME</u>	<u>Time EMS Provider Called</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>DEPRT_TIME</u>	<u>Time EMS Provider Left for Scene</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>ARRIV_TIME</u>	<u>Time EMS Provider Arrived at Scene</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>BSCNT_TIME</u>	<u>Patient Contact Time</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>EXIT_TIME</u>	<u>Time EMS Provider Departed Scene</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>DEST_TIME</u>	<u>Time at Final Destination</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>ACT_DEST</u>	<u>Actual Destination</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>SCENE_TM</u>	<u>Scene Time (minutes)</u>	<u>Numeric</u>	<u>5</u>	<u>X</u>	
<u>TRANS_TM</u>	<u>Transport Time (minutes)</u>	<u>Numeric</u>	<u>5</u>	<u>X</u>	
<u>SYS_ACCES</u>	<u>System Access</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>TRIAGE_CRT</u>	<u>Triage Criteria</u>	<u>Character</u>	<u>25</u>	<u>X</u>	<u>X</u>
<u>DT</u>	<u>Date of Measurement of Vital Signs</u>	<u>Date</u>	<u>8</u>	<u>X</u>	
<u>TIME</u>	<u>Time of Measurement of Vital Signs</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>RESP_RATE</u>	<u>Unassisted Respiratory Rate</u>	<u>Numeric</u>	<u>3</u>	<u>X</u>	
<u>INTUBATE</u>	<u>Intubated?</u>	<u>Character</u>	<u>1</u>	<u>X</u>	
<u>SBP</u>	<u>Systolic Blood Pressure</u>	<u>Numeric</u>	<u>3</u>	<u>X</u>	
<u>EO</u>	<u>Eye Opening</u>	<u>Numeric</u>	<u>1</u>	<u>X</u>	
<u>VR</u>	<u>Verbal Response</u>	<u>Numeric</u>	<u>1</u>	<u>X</u>	
<u>MR</u>	<u>Motor Response</u>	<u>Numeric</u>	<u>1</u>	<u>X</u>	
<u>GCS</u>	<u>Glasgow Coma Score</u>	<u>Numeric</u>	<u>2</u>	<u>X</u>	
<u>PAR_AGENT</u>	<u>Paralytic Status</u>	<u>Character</u>	<u>1</u>	<u>X</u>	
<u>RTS</u>	<u>Revised Trauma Score</u>	<u>Numeric</u>	<u>7.2</u>	<u>X</u>	
<b><u>TRAUMA DATA ELEMENTS (REFERRING/TRANSFER HOSPITAL)</u></b>					
<u>ENT_DATE</u>	<u>Date of Arrival at Referring Hospital</u>	<u>Date</u>	<u>8</u>	<u>X</u>	
<u>ENT_TIME</u>	<u>Time of Arrival at Referring Hospital</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>EXIT_DATE</u>	<u>Date of Transfer from Referring Hospital</u>	<u>Date</u>	<u>8</u>	<u>X</u>	
<u>EXIT_TIME</u>	<u>Time of Transfer from Referring Hospital</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>TRANS_AGNT</u>	<u>Transport Agency</u>	<u>Character</u>	<u>15</u>	<u>X</u>	

<u>Field Name</u>	<u>Field Name/Data Element Description</u>	<u>Field Type</u>	<u>Field Width</u>	<u>Required for TC Levels I, II, and III</u>	<u>Required for TC Level IV, Non- Designated TC, and ALS Base Hospital</u>
<u>REF_HOSP</u>	<u>Transferring Facility</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>REF_STAT</u>	<u>Facility Type</u>	<u>Character</u>	<u>9</u>	<u>X</u>	
<u>LOS</u>	<u>Length of Stay (Hrs) in Referring Hospital</u>	<u>Numeric</u>	<u>4</u>	<u>X</u>	
<u>ACT_DEST</u>	<u>Destination Facility</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>ENT_DATE</u>	<u>Date of Arrival at Referring Hospital (2nd)</u>	<u>Date</u>	<u>8</u>	<u>X</u>	
<u>ENT_TIME</u>	<u>Time of Arrival at Referring Hospital (2nd)</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>EXIT_DATE</u>	<u>Date of Transfer from Referring Hospital (2nd)</u>	<u>Date</u>	<u>8</u>	<u>X</u>	
<u>EXIT_TIME</u>	<u>Time of Transfer from Referring Hospital (2nd)</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>TRANS_AGNT</u>	<u>Transport Agency (2nd)</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>REF_HOSP</u>	<u>Transferring Facility (2nd)</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>REF_HOSP</u>	<u>Facility Type (2nd)</u>	<u>Character</u>	<u>9</u>	<u>X</u>	
<u>LOS</u>	<u>Length of Stay in 2nd Referring Hospital (Hours)</u>	<u>Numeric</u>	<u>4</u>	<u>X</u>	
<u>ACT_DEST</u>	<u>Actual Destination (2nd)</u>	<u>Character</u>	<u>15</u>	<u>X</u>	
<u>VS_DESIGN</u>	<u>Vital Sign Designation (1st or 2nd Referring)</u>	<u>Character</u>	<u>1</u>	<u>X</u>	
<u>RESP_RATE</u>	<u>Unassisted Respiratory Rate</u>	<u>Numeric</u>	<u>3</u>	<u>X</u>	
<u>SBP</u>	<u>Systolic Blood Pressure</u>	<u>Numeric</u>	<u>3</u>	<u>X</u>	
<u>GCS</u>	<u>Glasgow Coma Score</u>	<u>Numeric</u>	<u>2</u>	<u>X</u>	
<u>RTS</u>	<u>Revised Trauma Score</u>	<u>Numeric</u>	<u>7.2</u>	<u>X</u>	
<b><u>EMERGENCY DEPARTMENT/TRAUMA DATA ELEMENTS</u></b>					
<u>TR_ENT_DT</u>	<u>Date of Arrival in Emergency Department</u>	<u>Date</u>	<u>8</u>	<u>X</u>	
<u>TR_ENT_TM</u>	<u>Time of Arrival in Emergency Department</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>TR_EXIT_DT</u>	<u>Emergency Department Exit Date</u>	<u>Date</u>	<u>8</u>	<u>X</u>	
<u>TR_EXIT_TM</u>	<u>Emergency Department Exit Time</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>TR_LOS</u>	<u>Hospital Length of Stay (Hrs) in Emergency Department</u>	<u>Numeric</u>	<u>4</u>	<u>X</u>	<u>X</u>
<u>ACT_TIME</u>	<u>Complete Trauma Team Arrival Time</u>	<u>Time</u>	<u>6</u>	<u>X</u>	
<u>TR_DISPO</u>	<u>Disposition from Emergency Department</u>	<u>Character</u>	<u>10</u>	<u>X</u>	<u>X</u>
<u>ETOH_LEVEL</u>	<u>Blood Alcohol – mg/dl</u>	<u>Numeric</u>	<u>3</u>	<u>X</u>	
<u>RESP_RATE</u>	<u>Unassisted Respiratory Rate</u>	<u>Numeric</u>	<u>3</u>	<u>X</u>	
<u>INTUBATED</u>	<u>Intubation Status at Time of Vital Signs</u>	<u>Character</u>	<u>1</u>	<u>X</u>	
<u>SBP</u>	<u>Systolic Blood Pressure</u>	<u>Numeric</u>	<u>3</u>	<u>X</u>	
<u>EO</u>	<u>Eye Opening</u>	<u>Numeric</u>	<u>1</u>	<u>X</u>	
<u>VR</u>	<u>Verbal Response</u>	<u>Numeric</u>	<u>1</u>	<u>X</u>	
<u>MR</u>	<u>Motor Response</u>	<u>Numeric</u>	<u>1</u>	<u>X</u>	
<u>GCS</u>	<u>Glasgow Coma Score</u>	<u>Numeric</u>	<u>2</u>	<u>X</u>	
<u>PAR_AGENT</u>	<u>Paralytic Agent in Effect</u>	<u>Character</u>	<u>1</u>	<u>X</u>	

<u>Field Name</u>	<u>Field Name/Data Element Description</u>	<u>Field Type</u>	<u>Field Width</u>	<u>Required for TC Levels I, II, and III</u>	<u>Required for TC Level IV, Non- Designated TC, and ALS Base Hospital</u>
TEMP	Temperature - Emergency Department	Numeric	6.1	X	
TEMP_UNITS	Units of Temperature	Character	1	X	
TEMP_LOC	Temperature Route - Emergency Department	Character	15	X	
RTS	Revised Trauma Score	Numeric	7.2	X	
DRUG_SCREEN	Toxicology Findings	Character	20	X	
SUBSTANCE	Toxicology Substances	Character	20	X	
<b>DISCHARGE DATA ELEMENTS</b>					
PH_ENT_DT	Date of Hospital Discharge	Date	8	X	
LOS	Hospital Length of Stay (Days)	Numeric	4	X	X
FNL_OUTCM	Final Outcome - Dead or Alive	Character	1	X	X
LOS	Length of Stay in ICU	Numeric	4	X	X
DISCHG_TO	Hospital Discharge Disposition	Character	25	X	X
AUTOP_IDNO	Autopsy Identification Number	Character	10	X	
INJ_COMP	ICD-9-CM N code	Character	6	X	X
AIS	AIS-90 Value	Character	1	X	
AIS_CODE	AAAM Code (AIS-90)	Character	6	X	
BODY_PART	Body Part Injured	Character	1	X	
ISS	Injury Severity Score	Numeric	2	X	X
PROB_SURV	Probability of Survival	Numeric	6.3	X	
PHASE_COPY	Location of Procedure	Character	3	X	
PROC_ICD9	ICD-9-CM Procedure Performed	Character	6	X	
NINJ_NTDB	Class of Non-Injury Complications	Character	4	X	
PAYOR	Primary Payor	Character	15	X	
PAYOR	Secondary Payor	Character	15	X	
T_HOS_CHRG	Total Hospital Charges	Numeric	12.2	X	
T_HOS_RECIP	Total Reimbursements	Numeric	12.2	X	

**R9-25-1403. Trauma System Data Reports; Requests for Trauma Registry Reports**

**A.** Each quarter, the Department shall produce and disseminate to each submitting health care institution a quarterly trauma system data report that includes statewide aggregate trauma data for the prior quarter for at least the following data elements:

1. Number of health care institutions reporting data;
2. Total number of cases reported for the quarter;
3. Patient ages, including mean and median;

4. Patient gender;
  5. Time of injury;
  6. Day of week of injury;
  7. Triage criteria;
  8. Place of occurrence of injury;
  9. ICD-9-CM E-code;
  10. ICD-9-CM N-code;
  11. Protective devices used, by type of injury;
  12. Disposition from emergency department;
  13. Hospital discharge disposition;
  14. Length of hospital stay;
  15. Number of days in intensive care unit;
  16. Final outcome;
  17. ISS scores/mortality; and
  18. Deaths by ISS score and age.
- B.** A person may request to receive a report containing statewide aggregate trauma data for data elements not included in the quarterly trauma system data report by submitting a written public records request to the Department as provided in A.A.C. R9-1-303.
- C.** The Department shall process a request for a report submitted under subsection (B) as provided in A.A.C. R9-1-303.
- D.** As provided in A.R.S. § 36-2220(A)(1), Trauma Registry data from which a patient, the patient's family, or the patient's health care provider or facility might be identified is confidential and is not available to the public.

**R9-25-1404. Retention of Reports and Requests for Reports**

The Department shall retain copies of each quarterly trauma system data report, request for a report submitted under R9-25-1403(B), and report generated under R9-25-1403(B) for at least 10 years after the date of the report or request for a report.

**R9-25-1405. Confidentiality and Retention of Trauma System Quality Assurance Data**

- A.** As provided in A.R.S. §§ 36-2220(A)(2) and 36-2403(A), all data and documents obtained by the Department or considered by the Department, the State Trauma Advisory

Board, or a State Trauma Advisory Board subcommittee for purposes of trauma system quality assurance are confidential and are not available to the public.

**B.** The Department shall ensure that:

1. Each member of the State Trauma Advisory Board or member of a State Trauma Advisory Board subcommittee who will have access to the data and documents described in subsection (A) executes a written confidentiality statement before being allowed access to the data and documents;
2. All trauma system quality assurance activities are completed in executive session during State Trauma Advisory Board or State Trauma Advisory Board subcommittee meetings;
3. Except for one historical copy, all copies of data and documents described in subsection (A) and used during an executive session are collected at the end of the executive session and destroyed after the State Trauma Advisory Board or State Trauma Advisory Board subcommittee meeting; and
4. Executive session minutes and all copies of data and documents described in subsection (A) are maintained in a secure area and are accessible only to Department employees who have executed written confidentiality statements.

**C.** The Department shall retain executive session minutes and the data and documents described in subsection (A) for at least 10 years after the last event memorialized in the minutes, data, or documents.